

RECEIVED  
SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Mirzo Atadzhanov

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

1. The New York City  
Department of Correction
2. The New York City  
"See attached"

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?  
☐ Yes ☒ No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

United States District Court  
Southern District of New York

Mirzo Aladzhanov  
Plaintiff

-against-

1. The New York City  
Department of Correction
2. The New York City
3. John Doe
4. John Doe
5. John Doe
6. John Doe
7. John Doe
8. John Doe
9. John Doe
10. John Doe
11. John Doe
12. John Doe
13. John Doe,

14. John Doe

15. John Doe

Defendants,

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Mirzo Atadzhanov  
 First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

1383 4776 H

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

North Infirmery Command  
 Current Place of Detention

1500 Hazen Street  
 Institutional Address

Queens NY 11370  
 County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: "The New York City Department of Correction"  
 First Name Last Name Shield #  
of Correction  
 Current Job Title (or other identifying information)  
75-20 Astoria Blvd  
 Current Work Address  
Queens NY 11370  
 County, City State Zip Code

Defendant 2: The New York City  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
"City Hall"  
 Current Work Address  
New York NY 10007  
 County, City State Zip Code

Defendant 3: John Doe  
 First Name Last Name Shield #  
9034  
 Current Job Title (or other identifying information)  
Correctional officer

Defendant 4: John Doe  
 First Name Last Name Shield #  
Correctional officers  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: North Infirmary Command

Date(s) of occurrence: 3/27/21, 3/28/21, 3/29/21, "See attached"

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 03/25/21 a doctor switched me on puree-diet. Since that date, I do not get, getting partially or getting 'old' puree-diet food. All these led me to a condition of starvation and loss of weight. If it not of my food from a commissary shop I would starve harsher and would loss weight.

Despite I wrote multiple grievances, The Department of Correction failed to fix wrongdoing.

The Department knew that its employee failed to deliver my food or they used to deliver old food but failed to fix the wrong. Its also failed to properly train their employees.

" See attached "

# Attachment - 1 -

## Facts:

I submitted grievances but the Department of Correction never timely responded on them. I appealed multiple times to the superintendent of the Facility but he never responded. I appealed then multiple times to the "CORA" but it never responded back. Thus, I exhausted my administrative remedies.

On 4/26/21, I submitted a complaint via "311"-service regarding that I didn't get my puree-diet food at breakfast. This complaint was forwarded to the Mayor's office as well to the Department of Correction.

On 5/10/21, I submitted another complaint, which was forwarded to the Mayor's office regarding I got on that day a puree-diet food at break-

- Last without <sup>2</sup>labeled dates on plastic cups. This indicated that food could be old. The "311" confirmation number is EC\_00290357.

Then, later on that day, at lunch, I again received my food without labeled dates on containers. I called "311" and an operator forwarded my complaint to the Mayor's office.

I'm suing multiple correctional officers named "John Doe" because I don't know their names and shield numbers. I'm suing them because of the following reasons: 1. They were on the post at my housing unit when I didn't get my food but failed to provide me with one, thus committing wrongdoing. 2. Officers at the mess-hall of our facility also failed to fix wrongdoing after being notified



**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Since my arrest, I presumably was 200 pounds of weight. Since this insufficient diet happened, I suffered starvation and loss of weight.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

Presumably, I should weigh 200 pounds but now I weigh 160 pounds. I demand 40.000 US dollars for every pound I lost in general damages.

I demand 10.000 US dollars in special damages for emotional, mental and physical suffering.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

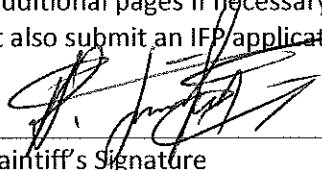
By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

05/24/21			
Dated		Plaintiff's Signature	
Mirzo		A. Adzhanov	
First Name	Middle Initial	Last Name	
1500 Hazen St			
Prison Address			
Queens	NY	11370	
County, City	State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>14118028029</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/25/21</i>	Date Submitted: <i>05/25/21</i>

Request or Grievance: *On 05/05/21 I submitted an appeal to the CDCR. I didn't get any response. I exhausted my last - Administrative Remedies.*

Action Requested by Inmate

Please read below and check the correct line:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you read the IGRP rules or write the grievance or request for you?  
Have you filed this grievance or request with a union or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/25/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411 802 809</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/05/21</i>	Date Submitted: <i>05/05/21</i>

Request of Grievance: *On 04/24/21, I appealed to the Warden unanswered grievance. I didn't get a response. I'm appealing to the CDR.*

Action Requested by Inmate

Please read below and check the correct line:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you request the assistance of the interpreter?

☐  
☐  
☐  
☐

Yes  
Yes  
Yes  
Yes

☒  
☒  
☒  
☒

No  
No  
No  
No

Inmate's Signature

Date of Signature

*05/05/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhan</i>	Book & Case #: <i>1411 802 809</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/27/21</i>	Date Submitted: <i>04/27/21</i>

Request or Grievance: *On 04/19/21, I submitted a grievance with the OTCB regarding that I got an old food at breakfast and lunch. I didn't get a response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct line

Do you agree to have your statement edited for clarification by ICIRP staff?

Do you need the ICIRP staff to write the grievance or request for you?

Have you filed this grievance or request with a court or other agency?

Did you request the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

*[Signature]*

Date of Signature:

*04/27/21*



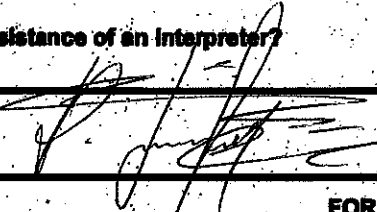
Time Stamp Below

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>
Facility: <u>NIC</u>		NYSID #: _____
Housing Area: <u>6 South</u>	Date of Incident: <u>04/19/21</u>	Date Submitted: <u>04/19/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/19/21, I got an old puree-diet food at breakfast and lunch. Particularly, I got milk dated 04/17/21, which is 2 days old. In addition, I received a rice-pudding with the same date as milk.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/19/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
<b>TIME STAMP</b>	<b>Grievance Reference #</b>	<b>Category:</b>
	<b>Office of Constituent and Grievances Services Coordinator/Officer Signature:</b>	



Attachment B

Form: #7101R, Eff: 08/10/12, Ref: Dir. #3378 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanor M/S 802-809</i>	Book & Case #: <i>6 South</i>	NYSD # (optional):
Facility: <i>WIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>06/08/21</i>
		Date Submitted: <i>06/08/21</i>

Request or Grievance: *On 05/19/21, I submitted an appeal to the CORL. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct item:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you request the assistance of an interpreter?

☐

Yes

☒

No

Inmate's Signature: *[Signature]*Date of Signature: *06/08/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>141/802829</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/19/21</i>	Date Submitted: <i>05/19/21</i>

Request on Grievance: *On 05/14/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the CORC.*

Action Requested by Inmate

Please read below and check the correct line(s)

Do you agree to have your statement edited for clarification by IGMP staff? ☐ Yes ☒ No  
 Do you need the IGMP staff to write the grievance or request for you? ☐ Yes ☒ No  
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No  
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature: *[Signature]*

Date of Signature: *05/19/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



Attachment B

Form: #7104R, Eff.: 02/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza Hadzhamov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>WIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/11/21</i>	Date Submitted: <i>05/11/21</i>

Request or Grievance: *On 05/03/21, I submitted a grievance with the DCBS regarding that I got an old food. I didn't receive any response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No



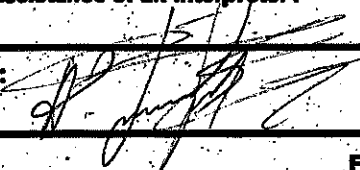
Inmate's Signature: *[Signature]*Date of Signature: *05/11/21*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 														
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A												
Inmate's Name: <u>Mirzo Aladzhanov</u>	Book & Case #: <u>1411802809</u>	NYSID #:												
Facility: <u>N/C</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>05/03/21</u> Date Submitted: <u>05/03/21</u>												
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>														
Grievance: <u>On 05/03/21, I received my puree-diet food at breakfast. However, the plastic containers were labeled with following dates: 04/30/21 and 05/01/21, indicating that it was an old-food.</u>														
Action Requested by Inmate: <u>I need fresh food</u>														
<p><b>Please read below and check the correct box:</b></p> <table style="width: 100%;"> <tr> <td>Do you agree to have your statement edited for clarification by OCGS staff?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Do you need the OCGS staff to write the grievance for you?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Have you filed this grievance with a court or other agency?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Did you require the assistance of an interpreter?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> </table>			Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Inmate's Signature: 		Date of Signature: <u>05/03/21</u>												
<b>FOR DOC OFFICE USE ONLY</b>  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>														
TIME STAMP	Grievance Reference #	Category:												
	Office of Constituent and Grievances Services Coordinator/Officer Signature:													

## Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza Hadzhanov M/H2202</i>	Book & Case #: <i>6 South</i>	NYSID # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/31/21</i>	Date Submitted: <i>05/31/21</i>

Request or Grievance: *On 05/31/21, I submitted an appeal to the CORC. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No

Inmate's Signature: *[Signature]*

Date of Signature: *05/31/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza A. Hadzhamer</i>	Book & Case #: <i>1441822809</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/11/21</i>	Date Submitted: <i>05/11/21</i>

Request of Grievance: *On 05/03/21 I submitted an appeal to the warden, I didn't get a response. I'm appealing to the CORC.*

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/11/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411 802 809</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/03/21</i>	Date Submitted: <i>05/03/21</i>

Request or Grievance: *On 04/23/21, I submitted a grievance with the OCBs regarding my old food. I didn't get a response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct line:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you regulate the substance of an interview?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No



Inmate's Signature: *[Signature]*

Date of Signature: *05/03/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>14118</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	NYSID #: _____
Date of Incident: <u>04/23/21</u>		Date Submitted: <u>04/23/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/23/21, I got my puree-</u> <u>-diet food at breakfast labeled</u> <u>04/20/21. So, I got an old</u> <u>food.</u>			
Action Requested by Inmate: <u>Pls, I need a fresh-food</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/23/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadchanev</i>	Book & Case #: <i>144-902-909</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/20/21</i>	Date Submitted: <i>05/20/21</i>

Request or Grievance: *On 04/30/21, I submitted an appeal to the 1st DRC. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Date of Signature:

*05/20/21*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment B

Form: #7104R, Ed.: 09/10/12, Ref.: Dir. #3378 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza Hadzhanor</i>	Book & Case #: <i>1411802809</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/30/21</i>	Date Submitted: <i>04/30/21</i>

Request or Grievance: *On 04/22/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the CDC.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *04/30/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza Hachhavar</i>	Book & Case #: <i>1411 802 829</i>	NYSD # (optional):	
Facility: <i>W/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/22/21</i>	Date Submitted: <i>04/22/21</i>

Request or Grievance: *On 04/14/21 I submitted a grievance to the OPCS regarding that I didn't get my prescribed food at breakfast. I didn't get a response from the OPCS. I'm appealing to the Warden*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
 Do you need the IGRP staff to write the grievance or request for you?  
 Have you filed this grievance or request with a court or other agency?  
 Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No



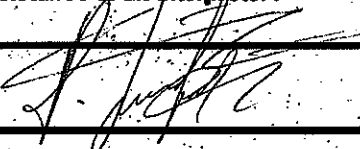
Inmate's Signature

Date of Signature

*04/22/21*

Time Stamp Station	Grievance and Request Reference #	Category
Inmate Grievance and Request Program Staff's Signature		

ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		
Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A		
Inmate's Name: <u>Mirzo Aladzhanov</u>	Book & Case #: <u>1411802809</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>B South</u>	Date of Incident: <u>04/14/21</u>
		Date Submitted: <u>04/14/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/11/21, I didn't get my</u> <u>puree-diet at breakfast. I left</u> <u>without my food.</u>		
Action Requested by Inmate: <u>Pls fix this problem</u>		
<b>Please read below and check the correct box:</b>		
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 	Date of Signature: <u>04/14/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mico Hadzhanov</i>	Book & Case #: <i>1411 802 800</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/21/21</i>	Date Submitted: <i>05/21/21</i>

Request or Grievance: *On 05/03/21, I submitted an appeal to the CORC. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you request the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/21/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadekhan</i>	Book & Case #: <i>141 802 829</i>	NYID # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/03/21</i>	Date Submitted: <i>05/03/21</i>

Request or Grievance:

*On 04/23/21, I appealed to the warden unanswered. The warden didn't respond as well. I'm appealing to the CORC.*

Action Requested by inmate

Please read below and check the correct box

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you request the assistance of an interpreter?

☐

Yes

☒

No

Inmate's Signature:

Date of Signature:

*05/03/21*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment E

Form #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411862809</i>	NYSD # (optional):	
Facility: <i>M/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/23/21</i>	Date Submitted: <i>04/23/21</i>

Request or Grievance: *On 04/15/21 I submitted a grievance to the OGCs regarding that I didn't get an app-sol. I didn't receive a response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you request the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature



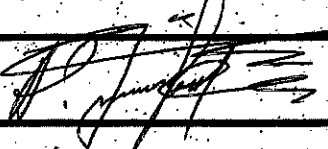
Date of Signature

*04/23/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



ATTACHMENT B-F

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411 802 809</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>04/15/21</u>		Date Submitted: <u>04/15/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.		
Grievance: <u>On 04/15/21, at lunch, I got my puree-diet food partially. Specifically, I didn't get an egg-salad in the puree-form.</u> <u>The general-population got this salad. I didn't.</u>		
Action Requested by Inmate: <u>fix this issue.</u>		
<b>Please read below and check the correct box:</b>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/15/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
<b>TIME STAMP</b>	<b>Grievance Reference #</b>	<b>Category:</b>
	<b>Office of Constituent and Grievances Services Coordinator/Officer Signature:</b>	

Attachment B

Form: #7101R, Ed.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411 802 809</i>	NYSD # (optional):	
Facility: <i>NYC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>06/01/21</i>	Date Submitted: <i>06/01/21</i>

Request on Grievance: *On 05/12/21 I submitted an appeal to the CDCR. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct line(s)

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *06/01/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1.



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirco Hadzhanov</i>	Book & Case #: <i>144K02809</i>	NYSD # (optional):	
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/12/21</i>	Date Submitted: <i>05/12/21</i>

Request on Grievance: *On 05/04/21, I submitted an appeal with the warden. I didn't get response from him. I'm appealing to the CDRP.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No

☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No

☒ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No

☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No

Inmate's Signature: *[Signature]*

Date of Signature: *05/12/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



Attachment B

Form: 87101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSD # (optional):	
Mirza Hadzhamir	1411 802 8029		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
M/C	6 South	05/04/21	05/04/21

Request or Grievance: On 04/25/21, I submitted a grievance with the OCGS regarding that I didn't get fresh food. Instead, I get two days old food. I didn't get a response. I'm appealing to the warden.

Action Requested by Inmate:

Please read below and check the correct line:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

*[Signature]*

Date of Signature:



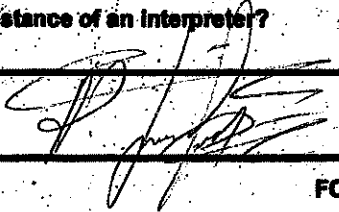
05/04/21

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo A. Ladzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	NYSID #: _____
Date of Incident: <u>04/25/21</u>		Date Submitted: <u>04/25/21</u>	
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.			
Grievance: <u>On 04/25/21, at breakfast, I got my puree-diet food. However, the food containers were dated 04/23/21. So, I got two-days old food.</u>			
Action Requested by Inmate: <u>Pls, I need fresh food.</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/25/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>141 802803</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/25/21</i>	Date Submitted: <i>05/25/21</i>

Request or Grievance:

*On 05/05/21 I submitted an appeal to the CORC I didn't get any response. I requested my administrative remedies.*

Action Requested by Inmate:

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by ICAP staff?  
Do you need the ICAP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature:

Date of Signature:

*05/25/21*

Time Stamp Below:	Inmate's and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7104R, Ed.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza Hadzhanov</i>	Book & Case #: <i>144/82829</i>	NYSD # (optional):	
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/05/21</i>	Date Submitted: <i>05/05/21</i>

Request or Grievance:

*On 04/29/21, I submitted an appeal to the Warden. I didn't get a response. I'm appealing to the CORC.*

Action Requested by Inmate:

Please read below and check the correct line(s):

Do you agree to have your statement edited for clarification by ICIRP staff?

☐ Yes  
☒ No

Do you need the ICIRP staff to write the grievance or request for you?

☐ Yes  
☒ No

Have you filed this grievance or request with a court or other agency?

☐ Yes  
☒ No

Did you require the assistance of an interpreter?

☐ Yes  
☒ No

Inmate's Signature:

Date of Signature:

*05/05/21*

Time Stamp Below:

Inmate and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

## Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhakov 1411 802 802</i>	Book & Case #: <i>6 South</i>	NYSD # (optional):	
Facility: <i>WIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/27/21</i>	Date Submitted: <i>04/27/21</i>

## Request or Grievance

*On 04/18/21, I submitted a grievance with the TOPCS regarding that I got an old food for breakfast and lunch. I didn't get a response. I'm appealing to the warden.*

## Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by ICAP staff?  
 Do you need the ICAP staff to write the grievance or request for you?  
 Have you filed this grievance or request with a court or other agency?  
 Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature



Date of Signature

*04/27/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



ATTACHMENT B-1

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: 7101R-A Eff.: 8/14/18 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Mirzo Aladzhonov</u>		Book & Case #: <u>1411 802 809</u>		NYSID #:	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>		Date of Incident: <u>04/18/21</u>	
Date Submitted: <u>04/18/21</u>					
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>On 04/18/21, I got milk containers dated 04/17/21. So, I got an old milk for breakfast and lunch.</u>					
Action Requested by Inmate: <u>Pls, fix this issue. I need a fresh meal.</u>					
<b>Please read below and check the correct box:</b>					
Do you agree to have your statement edited for clarification by OCGS staff?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>				Date of Signature: <u>04/18/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>					
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>					
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>					
TIME STAMP		Grievance Reference #		Category:	
Office of Constituent and Grievances Services Coordinator/Officer Signature:					

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo A. Adzharov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/25/21</i>	Date Submitted: <i>05/25/21</i>

Request or Grievance: *On 05/05/21 I submitted an appeal to the WRC. I didn't get a response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by ICRP staff?  
Do you need the ICRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/25/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/05/21</i>	Date Submitted: <i>05/05/21</i>

Request or Grievance: *On 04/24/21 I submitted an appeal to the Warden. I did not get a response. I'm appealing to the CORC.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/05/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411802 809</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/27/21</i>	Date Submitted: <i>04/27/21</i>

Request on Grievance: *On 04/17/21, I submitted a grievance with the DCBS regarding that I didn't get my nurse diet food. I didn't get a response. I'm appealing to the Warden.*

Action Requested by Inmate

Please read below and check the correct box:



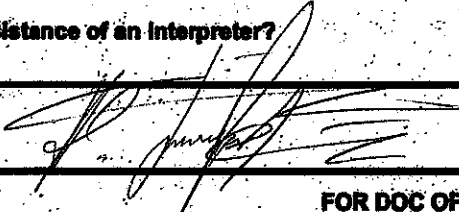
Do you agree to have your statement edited for clarification by ICAP staff?  
 Do you need the ICAP staff to write the grievance or request for you?  
 Have you filed this grievance or request with a court or other agency?  
 Did you require the assistance of an interpreter?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*Date of Signature: *04/27/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

ATTACHMENT B-1

	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> <b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802809</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>04/17/21</u>		Date Submitted: <u>04/17/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.		
Grievance: <u>On 04/17/21, at lunch-time, I supposed to get a taco-shells with a turkey ground in a puree form. The general population got taco-shells with the turkey ground. I didn't.</u>		
Action Requested by Inmate: <u>Fix the delivery of my food.</u>		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/17/21</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzharov</i>	Book & Case #: <i>1411 802829</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>06/08/21</i>	Date Submitted: <i>06/08/21</i>

Request or Grievance: *On 05/19/21 I submitted an appeal with the CDCR. I didn't get a response in a timely manner. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*Date of Signature: *06/08/21*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Aladzhemov 1411802809</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/19/21</i>	Date Submitted: <i>05/19/21</i>

Request or Grievance: *On 05/11/21, I submitted an appeal with the Warden. I didn't get a response. I'm appealing to the CCR.*

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for clarification by ICAP staff?  
Do you need the ICAP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*

Date of Signature: *05/19/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

## Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Atadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/11/21</i>	Date Submitted: <i>05/11/21</i>

Request or Grievance: *On 05/02/21, I submitted a grievance with the DCBS regarding that I received old food. I didn't get a response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No



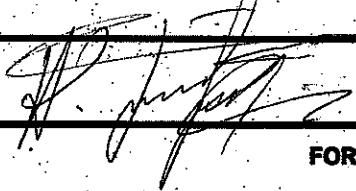
Inmate's Signature: *[Signature]*

Date of Signature: *05/11/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



ATTACHMENT-B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hladzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>05/02/21</u> Date Submitted: <u>05/02/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.			
Grievance: <u>On 05/02/21, I got an old</u> <u>puree-diet food, labeled 04/30/21</u> <u>at breakfast.</u> <u>Specifically, I got an old milk and</u> <u>a RISE-pudding.</u>			
Action Requested by Inmate: <u>Please fix this issue.</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>05/02/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



## Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3378 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo A. Hartzhanov</i>	Book & Case #: <i>1411802809</i>	NYSD # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/28/21</i>	Date Submitted: <i>05/28/21</i>

Request or Grievance: *On 5/10/21, I submitted an appeal to the CCRP. I didn't get any response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

☐  
☐  
☐  
☐

Yes  
Yes  
Yes  
Yes

☒  
☐  
☐  
☐

No  
No  
No  
No

Inmate's Signature: *[Signature]*Date of Signature: *05/28/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/10/21</i>	Date Submitted: <i>05/10/21</i>

Request on Grievance: *On 04/30/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the JPORC.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
 Do you need the IGRP staff to write the grievance or request for you?  
 Have you filed this grievance or request with a court or other agency?  
 Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*Date of Signature: *05/10/21*

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7104R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/30/21</i>	Date Submitted: <i>04/30/21</i>

Request or Grievance: *On 04/22/21 I submitted a grievance with the OCGS regarding old food. I didn't get a response in a timely manner. I'm appealing to the Warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?  
Do you need the IGRP staff to write the grievance or request for you?  
Have you filed this grievance or request with a court or other agency?  
Did you require the assistance of an interpreter?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Inmate's Signature: *[Signature]*Date of Signature: *04/30/21*



Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:

ATTACHMENT-B1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Aladzham</u>		Book & Case #: <u>1411 802809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/22/2021</u> Date Submitted: <u>04/22/2021</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.			
Grievance: <u>On 04/22/2021, I got my puree-diet food at breakfast labeled 04/20/2021. So, I got an old food, which potentially could cause food poisoning.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>04/22/2021</u>		Date of Signature: <u>[Signature]</u>	
<b>FOR DOC OFFICE USE ONLY</b> <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b> <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #	Category:	
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirza A. Jackham</i>	Book & Case #: <i>1411802 809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/17/21</i>	Date Submitted: <i>05/17/21</i>

All grievances and requests must be submitted within 90 days of the date the grievance or request occurred. Grievances and requests submitted after this time limit will not be accepted for review.

Request on Grievance: *On 04/26/21, I submitted an appeal to the CORC. I didn't get a response in a timely manner. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒ No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒ No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒ No

Did you require the assistance of an interpreter?

☐

Yes

☒ No

Inmate's Signature: *[Signature]*

Date of Signature: *05/17/21*

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature:



Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Atadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/26/21</i>	Date Submitted: <i>04/26/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the incident is ongoing. The inmate filing the grievance or request must personally prepare this statement upon collection by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will time stamp and issue a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 04/16/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the "CORC"*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No



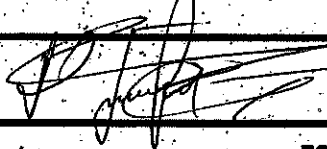
Inmate's Signature: *[Signature]*

Date of Signature: *04/26/21*

**For IGRP Staff Use Only**  
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FORM IN ITS ADMINISTRATIVE RECORD.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>	
Facility: <u>N/C</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/16/21</u>
		Date Submitted: <u>04/16/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/08/21 I submitted a grievance with the OCGS. I didn't get a response. I'm appealing to the Warden of the Facility.</u>			
Action Requested by Inmate: _____			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/16/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/06/21</i>	Date Submitted: <i>04/08/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the conditions of the facility require the inmate to file the grievance or request must personally prepare the statement before collection by inmate grievances and request program (IGRP) staff. IGRP staff will time stamp and issue the grievance/request reference number. IGRP staff will provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 04/06/21, I didn't get my puree-diet food at lunch.*

Action Requested by Inmate: *P/S did it.*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No



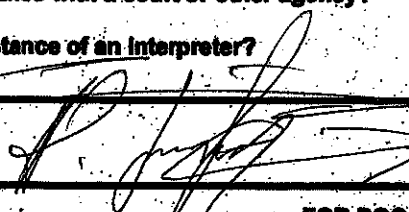
Inmate's Signature: *[Signature]*



Date of Signature: *04/07/21*

FOR OFFICIAL USE ONLY

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.



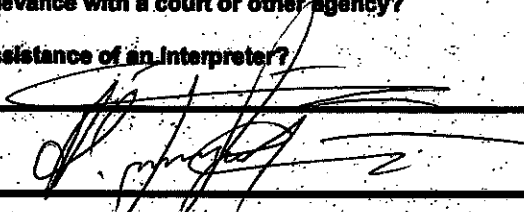
Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hladzhanov</u>		Book & Case #: <u>1411802899</u>	
NYSID #: _____		_____	
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>4/9/21</u>	Date Submitted: <u>4/9/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<b>Grievance:</b> <u>I got my teeth taken out.</u> <u>I'm supposed to be getting a special diet.</u> <u>I have not been getting any food.</u> <u>I am Hungry and losing weight.</u>			
<b>Action Requested by Inmate:</b> <u>For DOC to give me the food I'm supposed to get.</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>4/9/21</u>	
<b>FOR DOC OFFICE USE ONLY</b> <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b> <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



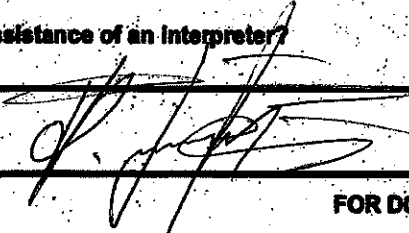
 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802 809</u>	
Facility: <u>N/C</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>4/17/21</u> Date Submitted: <u>4/17/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.			
<b>Grievance:</b> <u>On 4/9/21 I submitted a grievance</u> <u>I have not been given a resolution.</u> <u>I would like to appeal this grievance.</u>			
<b>Action Requested by Inmate:</b> _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>4/17/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



ATTACHMENT B-1



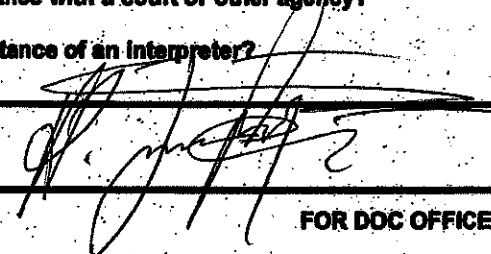
 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: T101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	NYSID #: _____
Date of Incident: <u>4/28/21</u>		Date Submitted: <u>4/28/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<b>Grievance:</b> <u>On 4/17/21 I appealed my grievance</u> <u>to OCGS. I have not received any response.</u> <u>I would like to appeal to the warden of NIC.</u>			
<b>Action Requested by Inmate:</b> _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>4/28/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hladzhanov</u>		Book & Case #: <u>1441802.809</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>5/3/21</u>		Date Submitted: <u>5/3/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.		
Grievance:		
<u>On 4/28/21 I appealed my grievance to</u> <u>the warden of NIC. <del>They</del> Their is still</u> <u>no resolution. I would like to appeal this</u> <u>grievance to the Assistant chief</u>		
Action Requested by Inmate:		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>5/3/21</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	



ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802803</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>5/25/21</u>		Date Submitted: <u>5/25/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance:		
<p><u>On 5/3/21 I appealed my grievance</u>  <u>to the assistant chief. I have not received</u>  <u>my response or resolution. I would like to</u>  <u>appeal to CORC to reach a resolution.</u></p>		
Action Requested by Inmate:		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>5/25/21</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo A. Ladzhanov</i>	Book & Case #: <i>1411802829</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/21/21</i>	Date Submitted: <i>05/21/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the conditions of a unit or colony. The inmate filing the grievance or request must personally prepare this statement upon collection by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will time stamp and issue the grievance/request reference number. IGRP staff will provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 05/03/21, I submitted an appeal to the CDCR. I didn't get any response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☐

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☐

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☐

No

Did you require the assistance of an interpreter?

☐

Yes

☐

No

Inmate's Signature: *[Signature]*Date of Signature: *05/21/21*

ENDOCOME UP ONLY  
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
Inmate Grievance and Request Program Staff's Signature:		

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Aledzhanov</i>	Book & Case #: <i>1411/802800</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/03/21</i>	Date Submitted: <i>05/03/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred. Inmate's name and inmate number for going. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time stamp and issue the grievance/request with an inmate number. IGRP staff will provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 04/22/21 I submitted an appeal to the warden. I didn't get any response. I'm not appealing to the CORC.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☐

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☐

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☐

No

Did you require the assistance of an interpreter?

☐

Yes

☐

No

Inmate's Signature: *[Signature]*Date of Signature: *05/03/21*

FOR OFFICIAL USE ONLY

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL OF ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hedzhanov</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/22/21</i>	Date Submitted: <i>04/22/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition of inmate is on going. The inmate filing the grievance or request must personally prepare the statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time stamp and distribute grievance/request to the appropriate staff member and provide a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 4/13/21, I submitted a grievance, regarding that I got an old. I didn't get a response from the OCEs. I'm appealing to the Warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒

No



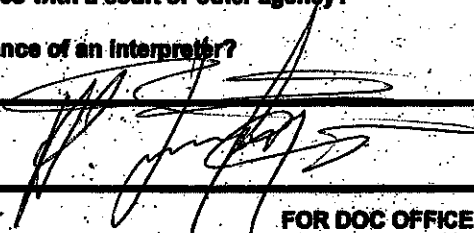
Inmate's Signature: *[Signature]*Date of Signature: *04/22/21*

FOR DOC USE ONLY

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORD.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>	Book & Case #: <u>1411802809</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>4/13/21</u>
		Date Submitted: <u>4/13/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 4/13/21, I got an old-milk and other food, which was also old. The date on my cups was 4/11/21. So, it passed 2 days before I got my puree-diet food.</u>		
Action Requested by Inmate: <u>Fix this issue.</u>		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 	Date of Signature: <u>04/13/21</u>	
FOR DOC OFFICE USE ONLY  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Hadzhanor</i>	Book & Case #: <i>1411802809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>05/20/21</i>	Date Submitted: <i>05/20/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue the grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

*On 04/30/21, I submitted an appeal to the CORC. I didn't get any response. I exhausted my administrative remedies.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐ Yes

☒ No

Do you need the IGRP staff to write the grievance or request for you?

☐ Yes

☒ No

Have you filed this grievance or request with a court or other agency?

☐ Yes

☒ No

Did you require the assistance of an interpreter?

☐ Yes

☒ No

Inmate's Signature:

Date of Signature:

*05/20/21*

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Alachbani</i>	Book & Case #: <i>141822809</i>	NYSID # (optional):	
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/30/21</i>	Date Submitted: <i>04/30/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred. Unless the submission of the grievance or request is made within the ten business day period, the grievance or request must be personally prepared by the inmate. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time stamp and issue the grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 04/22/21, I submitted an appeal to the warden. I didn't get a response. I'm appealing to the CDRC.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Inmate's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

FOR DOCUMENTATION ONLY  
IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORD.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <i>Mirzo Aladzhanov</i>	Book & Case #: <i>14118022889</i>	NYSID # (optional):	
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/22/21</i>	Date Submitted: <i>04/22/21</i>

All grievances and requests must be submitted within ten business days after the incident occurred. Under the condition of filing a grievance, the inmate filing the grievance or request must personally prepare this statement of correction by Inmate Grievance and Request Program (IGRP) staff. IGRP staff will time stamp and issue the grievance/request reference number on the top left of the form. IGRP staff will provide a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance: *On 04/14/21, I submitted a grievance with the OCGS regarding that I got an old food. I didn't get any response. I'm appealing to the warden.*

Action Requested by Inmate

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☐

Yes

☒

No

Do you need the IGRP staff to write the grievance or request for you?

☐

Yes

☒

No

Have you filed this grievance or request with a court or other agency?

☐

Yes

☒

No

Did you require the assistance of an interpreter?

☐

Yes

☒



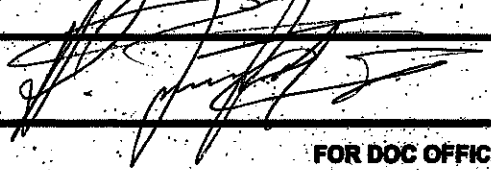
No



Inmate's Signature: *[Signature]*Date of Signature: *04/22/21*

For DOC Office Use Only



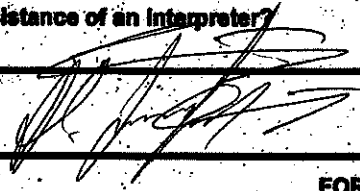
IGRP RETAINS THE DOUBLE-ENDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:	Grievance and Request Reference #:	Category:
	Inmate Grievance and Request Program Staff's Signature:	



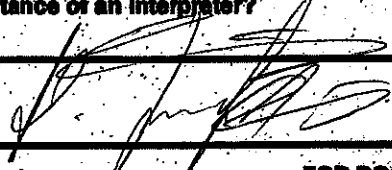
 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/16 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirza Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/14/21</u>
			Date Submitted: <u>04/14/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/14/21, I got my puree-diet food, which was dated 04/13/21. So, I received old food.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/14/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 802 829</u>	
Facility: <u>NIC</u>		NYSID #: _____	
Housing Area: <u>6 South</u>		Date of Incident: <u>05/10/21</u>	
		Date Submitted: <u>05/10/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/13/21, I submitted an appeal with the "CORC". I didn't get a response. I exhausted my administrative remedies.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>05/10/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP		Grievance Reference # _____	
		Category: _____	
		Office of Constituent and Grievances Services Coordinator/Officer Signature: _____	



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6504th</u>	Date of Incident: <u>04/19/21</u>
			Date Submitted: <u>04/19/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/08/21 I submitted an appeal to the warden of the NIC regarding an unanswered grievance. I didn't get a response. I'm appealing to the COFC</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/19/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802 809</u>
Facility: <u>NIC</u>		NYSID #: _____
Housing Area: <u>63</u>	Date of Incident: <u>4/8/21</u>	Date Submitted: <u>4/8/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 3/31/21 I submitted a grievance with the OCGS regarding that I got my puree-diet food partially. I didn't get a response. Therefore I'm appealing to the Superintendent of the NIC facility.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/08/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form: 7101R  
Eff: 2/25/20  
Ref: Dir. 3376R-A



Inmate's Name: <u>Mirzo Aladzhanov</u>	Book & Case #: <u>1411 802 809</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>2D</u>	Date of Incident: <u>3/31/21</u>
		Date Submitted: <u>3/31/21</u>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/31/21, I'm supposed to get a puree diet food at breakfast. I got everything besides a plastic can of soy-milk. I supposed to get my milk everyday.

Action Requested by Inmate: P/S, did this problem. I need milk too. Thx.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>



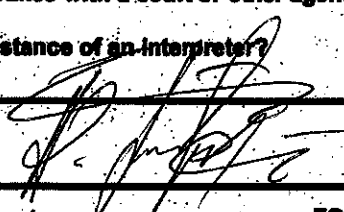
Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>3/31/21</u>
--	-----------------------------------

FOR DOC OFFICE USE ONLY



OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo A. Adzhanov</u>		Book & Case #: <u>141 802 829</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 504 14</u>	Date of Incident: <u>3/24/21</u>
			Date Submitted: <u>05/04/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/12/21, I appealed to the CORC</u> <u>unanswered grievance - appeal by the War-</u> <u>-den of NIC. I didn't get a res-</u> <u>-ponse from the "CORC".</u> <u>I exhausted my administrative remedies</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>05/04/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hladzhanov</u>		Book & Case #: <u>1411 802809</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>3/27/21</u>		Date Submitted: <u>04/12/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.		
Grievance: <u>On 04/04/21, I appealed to the Warden of the NIC an unanswered grievance. However, I didn't get a response. I'm appealing to the "CORC".</u>		
Action Requested by Inmate: _____		
<b>Please read below and check the correct box:</b>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/12/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>			<b>Form: 7101R-A Ed.: 01/4/18 Ref.: Dir. 3376R-A</b>
<b>INMATE STATEMENT FORM</b>			
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802 809</u>	
Facility: <u>N/C</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/04/21</u>
			Date Submitted: <u>04/04/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 3/28/21 I submitted a grievance with The OCGS regarding that on 3/27/21 at dinner, I didn't get my puree-diet food. However, I didn't receive a response in a timely manner. Therefore, I'm appealing to the Superintendent of the Facility.</u>			
Action Requested by Inmate: <u>P/s fix this issue</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/04/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #	Category:	
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		





**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**

Form: 7401R  
 Eff.: 2/26/20  
 Ref.: Dir. 3376R-A



Inmate's Name: Mirzo Hladzhenov Book & Case #: 1411802809 NYSID #: \_\_\_\_\_  
 Facility: NIC Housing Area: 2b Date of Incident: 3/27/2021 Date Submitted: 3/28/2021

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/27/2021 I didn't receive my liquid diet food for dinner. I received on that day my liquid diet for lunch.  
On 3/25/21, I asked a doctor who conducted a sick-call to switch me to liquid diet. I'm in need of this diet because I don't have molar teeth. I can't chew a solid food.

Action Requested by Inmate: Switch me on liquid diet ASAP p.s. Tha!

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐

No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐

No ☒

Have you filed this grievance with a court or other agency?

Yes ☐

No ☒

Did you require the assistance of an interpreter?

Yes ☐

No ☒

Inmate's Signature: [Signature]

Date of Signature: 3/28/2021

**FOR DOC OFFICE USE ONLY**

**OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.**



**THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR**



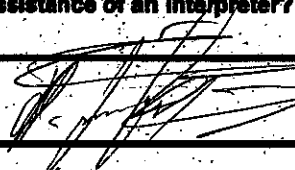
TIME STAMP

Grievance Reference #



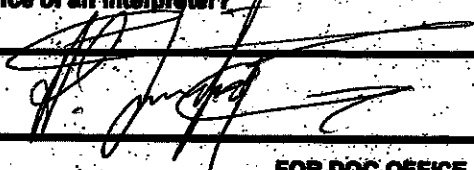
Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:

	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>	
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>	Book & Case #: <u>1411 802 803</u>	NYSID #: _____
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>05/05/21</u>
		Date Submitted: <u>05/05/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/14/21, I appealed to the "CPRC". I didn't get a response. I exhausted my administrative remedies.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>05/05/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 2376R-A	
Inmate's Name: <u>Mirzo Hadzharov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/14/21</u>
			Date Submitted: <u>04/14/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/04/21, I submitted an appeal to the warden of the NIC facility. I didn't get a response. I'm appealing to the "CERC."</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/14/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

## ATTACHMENT - B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802 809</u>	
Facility: <u>N/C</u>		Housing Area: <u>6 South</u>	
Date of Incident: <u>09/04/21</u>		Date Submitted: <u>09/04/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 3/28/21 I submitted a grievance with The OCGS regarding that on 3/27/21 at dinner, I didn't get my puree-diet food. However, I didn't receive a response in a timely manner. Therefore, I'm appealing to the Superintendent of the Facility.</u>			
Action Requested by Inmate: <u>P/S fix this issue</u>			
<p><b>Please read below and check the correct box:</b></p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>09/04/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP		Grievance Reference #	
		Category:	
		Office of Constituent and Grievances Services Coordinator/Officer Signature:	





**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**

Form: 7101R  
 Eff.: 2/25/20  
 Ref.: Dir. 3376R-A



Inmate's Name: <u>Mirzo Hadzhanov</u>	Book & Case #: <u>1411802809</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>2B</u>	Date of Incident: <u>3/27/2021</u>
		Date Submitted: <u>3/28/2021</u>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/27/2021 I didn't receive my liquid diet food for dinner. I received on that day my liquid diet for lunch.  
On 3/25/21, I asked a doctor who conducted a sick-call to switch me to liquid diet. I'm in need of this diet because I don't have molar teeth. I can't chew a solid food.

Action Requested by Inmate: Switch me on liquid diet ASAP p.s. Thx!

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>3/28/2021</u>
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**FOR DOC OFFICE USE ONLY**

**OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.**



**THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR**

TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	





 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>
Date of Incident: <u>05/12/21</u>		Date Submitted: <u>05/12/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/21/21, I submitted the grievance appeal to the "CORC". I didn't get a response. I exhausted my administrative remedies.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>05/12/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 	
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>	
Form: 7101R-A Eff: 9/14/16 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>	Book & Case #: <u>1411802809</u>
NYSID #:	
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>
Date of Incident: <u>04/21/21</u>	Date Submitted: <u>04/21/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>	
Grievance: <u>On 04/10/21, I submitted the grievance appeal to the Warden of the NIC facility. I didn't get a response. I'm appealing to the "CDRC".</u>	
Action Requested by Inmate: _____	
<p><b>Please read below and check the correct box:</b></p>	
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>04/21/21</u>
<b>FOR DOC OFFICE USE ONLY</b>	
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>	
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>	
TIME STAMP	Grievance Reference # _____ Category: _____ Office of Constituent and Grievances Services Coordinator/Officer Signature: _____



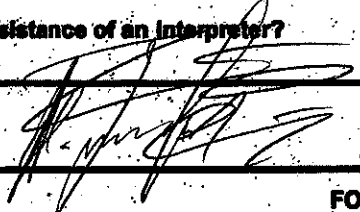
ATTACHMENT-B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 01/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	NYSID #: _____
Date of Incident: <u>04/10/21</u>		Date Submitted: <u>04/10/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/03/21 I submitted a grievance with the OCGS. I didn't get a response. I'm appealing to the Superintendent of the facility.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/10/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



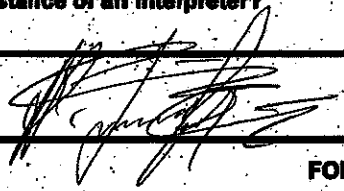
## ATTACHMENT - B



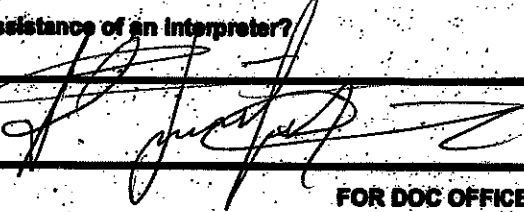
	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> <b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>	
Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A		
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802809</u>
NYSID #: _____		
Facility: <u>NIC</u>	Housing Area: <u>2D</u>	Date of Incident: <u>04/02/21</u>
Date Submitted: <u>04/03/21</u>		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/02/21, at lunch, I didn't get my puree diet food. I'm losing weight.</u>		
<u>Pls fix this problem.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/02/21</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		





 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>	Book & Case #: <u>1411 802 809</u>	NYSID #: _____
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>05/05/21</u>
		Date Submitted: <u>05/05/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/14/21, I appealed to the</u> <u>CORC regarding my unanswered grie-</u> <u>-vance. I didn't get a response.</u> <u>I exhausted administrative reme-</u> <u>-dies.</u>		
Action Requested by Inmate: _____		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inmate's Signature: 	Date of Signature: <u>05/05/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature: _____		



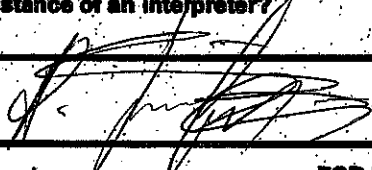


 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>
Facility: <u>MIC</u>		NYSID #: _____
Housing Area: <u>6 South</u>	Date of Incident: <u>04/14/21</u>	Date Submitted: <u>04/14/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/04/21 I submitted the appeal grievance regarding that I didn't get response from the OCGS. I appealed to the warden I didn't get a response. I'm appealing to the CORE.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/14/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411802809</u>	
Facility: <u>N1C</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/04/21</u>
		Date Submitted: <u>04/04/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the Inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 3/28/21, I submitted a grievance with The OCGS regarding I didn't get my special-diet food at breakfast and lunch on 3/28/21.</u> <u>However, I didn't get a response from The OCGS. Therefore, I'm appealing to the Superintendent of the Facility.</u>			
Action Requested by Inmate: <u>F.I. this issue</u>			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/04/21</u>	
FOR DOC OFFICE USE ONLY  OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.  THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

## ATTACHMENT - B

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411 802 809</u>
Facility: <u>NIC</u>		Housing Area: <u>2b</u>
Date of Incident: <u>3/28/21</u>		Date Submitted: <u>3/28/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>I didn't receive my liquid diet food for breakfast and lunch as well. I'm lacking molar teeth and can't chew a solid food.</u>		
Action Requested by Inmate: <u>To Get my liquid diet food ASAP</u>		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>3/28/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



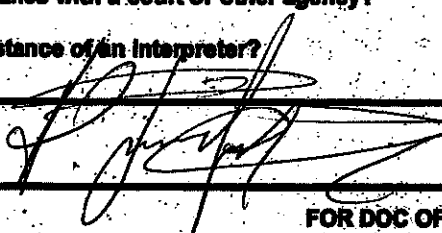
		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name:		Book & Case #:		NYSID #:	
Mirzo A. Ladzhanov		1411 802 809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:		
NIC	6 South	05/10/21	05/10/21		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: On 04/19/21, I submitted the appeal grievance to the "CDRC". I didn't get a response. I exhausted my administrative remedies.					
Action Requested by Inmate:					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Inmate's Signature:		Date of Signature:			
		05/10/21			
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #		Category:		
Office of Constituent and Grievances Services Coordinator/Officer Signature:					




	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>	
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7401R-A Eff: 9/14/18 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>	Book & Case #: <u>1411 802 809</u>	NYSID #: _____
Facility: <u>NIC</u>	Housing Area: <u>6 south</u>	Date of Incident: <u>04/19/21</u>
Date Submitted: <u>04/19/21</u>		
<p style="font-size: small;">All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/08/21, I submitted the appeal grievance to the warden of NIC. I didn't get a response. I'm appealing to the "CORC"</u>		
Action Requested by Inmate: _____		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>	Date of Signature: <u>04/19/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		







ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/08/21</u>
		Date Submitted: <u>04/08/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/01/21 I submitted a grievance with The OCGS regarding that on 3/31/21 I didn't get my special diet food. Particularly, I didn't get sausages and salad in the puree form. I'm losing weight. I didn't get a response from the OCGS. Therefore, I'm appealing to The Superintendent of the Facility.</u>			
Action Requested by Inmate: <u>Fix this issue pls.</u>			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/08/21</u>	
FOR DOC OFFICE USE ONLY  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



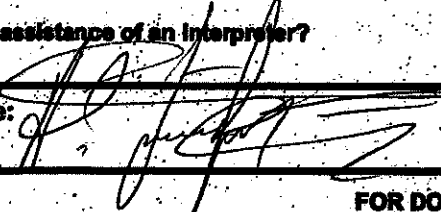
## ATTACHMENT -B-1

	<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> <b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>	Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>
Facility: <u>N/C</u>		Housing Area: <u>2D</u>
Date of Incident: <u>3/31/21</u>		Date Submitted: <u>04/01/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.		
Grievance: <u>On 3/31/21, I didn't fully get my pure diet food. Particularly, I didn't get sausages and salad. So, I didn't get any meat and salad. I'm starving.</u>		
Action Requested by Inmate: <u>P/S, fix this problem</u>		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/01/21</u>
FOR DOC OFFICE USE ONLY		
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.		
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Fedzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>05/10/21</u>
			Date Submitted: <u>05/10/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/19/21 I appealed to the "CDRC" the unanswered grievance-appeal by the warden of the NIC. I didn't get a response from the CDRC. I exhausted my administrative remedies.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>05/10/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



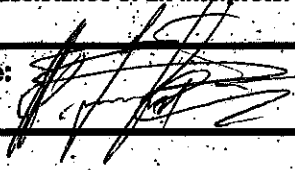
 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3276R-A	
Inmate's Name: <u>Mirzo Aladzhan ov 1411 802 809</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>NIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>04/19/21</u>
			Date Submitted: <u>04/19/21</u>
All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.			
Grievance: <u>On 04/08/21 I appealed to the</u> <u>Warden of the NIC the unanswered</u> <u>grievance. I didn't get a response</u> <u>I'm appealing to the "CORC"</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/19/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



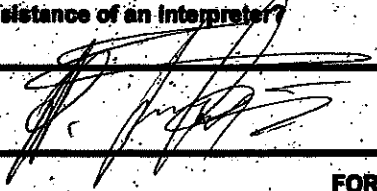


		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: T101R-A Eff: 01/14/16 Ref: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Mirzo Atadzhanov</u>		Book & Case #: <u>1411802809</u>		NYSID #:	
Facility: <u>N/C</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>04/08/21</u>		Date Submitted: <u>04/08/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>On 04/01/21, I submitted a grievance with the OCGS regarding I didn't get my special-diet food at breakfast. However I didn't get a response from the OCGS. Therefore, I'm appealing to the Superintendent of the Facility.</u>					
Action Requested by Inmate: _____					
<b>Please read below and check the correct box:</b>					
Do you agree to have your statement edited for clarification by OCGS staff?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 				Date of Signature: <u>04/08/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>					
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>					
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>					
TIME STAMP		Grievance Reference #		Category:	
		Office of Constituent and Grievances Services Coordinator/Officer Signature:			



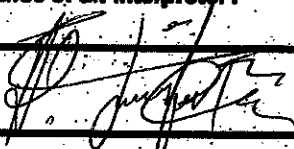


 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Atadzhanov</u>		Book & Case #: <u>1411802809</u>	
Facility: <u>N/C</u>		Housing Area: <u>2D</u>	Date of Incident: <u>04/01/21</u> Date Submitted: <u>04/01/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/01/21 I supposed to get my pure diet food at breakfast. However my special diet food didn't make it today. I'm starving. P/s fix this issue.</u>			
Action Requested by Inmate: <u>Please, fix online delivery of my food.</u>			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/01/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>			Form: 7401R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
<b>INMATE STATEMENT FORM</b>			
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 PD 2 809</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>05/06/21</u>	Date Submitted: <u>05/06/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The Inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the Inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/14/21 I submitted the appeal to the CDC regarding that I didn't get a response from the warden of NIC. I didn't get a response from the CDC. I exhausted my administrative remedies.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Inmate's Signature: 		Date of Signature: <u>05/06/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #	Category:	
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		

		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: 7101R-A EN: 9/14/18 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>					
Inmate's Name: <u>Mirzo A. Hadzham</u>		Book & Case #: <u>1411 802 809</u>		NYSID #:	
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>04/14/21</u>		Date Submitted: <u>04/14/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>On 04/05/21 I appealed to the warden of the NIC the unanswered grievance. I didn't get a response from the Warden. I'm appealing to the CDRC</u>					
Action Requested by Inmate: _____					
<b>Please read below and check the correct box:</b>					
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Inmate's Signature: 		Date of Signature: <u>04/14/21</u>			
<b>FOR DOC OFFICE USE ONLY</b>					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #		Category:		
		Office of Constituent and Grievances Services Coordinator/Officer Signature:			

ATTACHMENT - B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3374R-A	
Inmate's Name: <u>Mirzo Atadzhanov</u>		Book & Case #: <u>1411802809</u>	
NYSID #:			
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>04/05/21</u>	Date Submitted: <u>04/05/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 3/30/21, I submitted a grievance regarding I didn't get my special-diet food at the breakfast on 3/29/21. However, I didn't get response from the OCGS in timely manner.</u> <u>Therefore, I'm appealing to the Superintendent of the Facility.</u>			
Action Requested by Inmate: <u>Fix my special-diet food delivery.</u>			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/05/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>			
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		





**CITY OF NEW YORK - DEPARTMENT OF CORRECTION**  
**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES**  
**INMATE STATEMENT FORM**

Form: 7101R-A  
 Eff: XX/XX/20  
 Ref: Dir. 3378R-A



Inmate's Name: Mirzo Aladzhanov Book & Case #: 1411802800 NYSID #: \_\_\_\_\_  
 Facility: NIC Housing Area: 2D Date of Incident: 3/29/21 Date Submitted: 3/30/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/29/21, I didn't get my liquid diet food at the breakfast.  
I'm losing weight

Action Requested by Inmate: Fix delivery of my liquid diet food

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☐ No ☒

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature: 3/29/21

Date of Signature: [Signature]

**FOR DOC OFFICE USE ONLY**

**OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.**

**THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR**



TIME STAMP



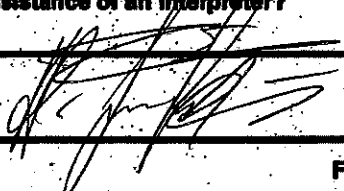
Grievance Reference #



Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:





 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>		Form.: 7101R-A Ed.: 9/14/18 Ref.: Dir. 3376R-A	
<b>INMATE STATEMENT FORM</b>			
Inmate's Name: <u>Mirzo A. Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>	
Facility: <u>MIC</u>		Housing Area: <u>6 South</u>	Date of Incident: <u>05/17/21</u>
			Date Submitted: <u>05/17/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/26/21, I submitted an appeal to the "CDRC". I didn't get a response. I exhausted my administrative remedies.</u>			
Action Requested by Inmate: _____			
<b>Please read below and check the correct box:</b>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>05/17/21</u>	
<b>FOR DOC OFFICE USE ONLY</b>			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference #		Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:		



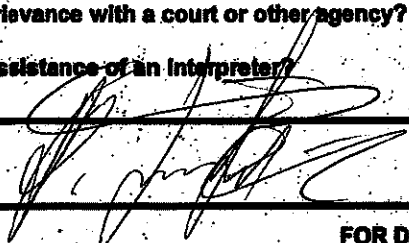
		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				<b>Form: 7401R-A</b>	
<b>INMATE STATEMENT FORM</b>				<b>Eff.: 9/14/18</b>	
				<b>Ref.: Dir. 3376R-A</b>	
Inmate's Name:		Book & Case #:		NYSID #:	
Mirze Hadzhanov		1411 802 809			
Facility:	Housing Area:	Date of Incident:	Date Submitted:		
NIC	6 South	04/26/21	04/26/21		
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: On 04/15/21, I submitted an appeal to the Superintendent of the NIC facility. I didn't get a response. I'm appealing to the "COC"					
Action Requested by Inmate:					
Please read below and check the correct box:					
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Inmate's Signature:		Date of Signature:			
		04/26/21			
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR					
TIME STAMP	Grievance Reference #		Category:		
Office of Constituent and Grievances Services Coordinator/Officer Signature:					

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411 802 809</u>	
NYSID #: _____			
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>04/15/21</u>	Date Submitted: <u>04/15/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <u>On 04/08/21 I have submitted a grievance with The OCGS. I didn't get a response. I'm appealing to the Superintendent.</u>			
Action Requested by Inmate: _____			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>[Signature]</u>		Date of Signature: <u>04/15/21</u>	
FOR DOC OFFICE USE ONLY  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>			
TIME STAMP	Grievance Reference # _____		Category: _____
	Office of Constituent and Grievances Services Coordinator/Officer Signature: _____		



ATTACHMENT - B-1



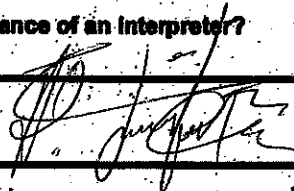
 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 														
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 9/14/18 Ref: Dir. 3376R-A												
Inmate's Name: <i>Mirzo Hladzhanov</i>	Book & Case #: <i>1411802 809</i>	NYSID #:												
Facility: <i>NIC</i>	Housing Area: <i>2D</i>	Date of Incident: <i>04/04/21</i> Date Submitted: <i>04/05/21</i>												
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>														
Grievance: <i>On 04/04/21 I didn't get my puree diet food at breakfast.</i>														
Action Requested by Inmate: <i>P/B did this issue.</i>														
<p><b>Please read below and check the correct box:</b></p> <table style="width: 100%;"> <tr> <td>Do you agree to have your statement edited for clarification by OCGS staff?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Do you need the OCGS staff to write the grievance for you?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Have you filed this grievance with a court or other agency?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Did you require the assistance of an interpreter?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> </table>			Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Inmate's Signature: <i>[Signature]</i>		Date of Signature: <i>04/05/21</i>												
<b>FOR DOC OFFICE USE ONLY</b>  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR.</b>														
TIME STAMP	Grievance Reference #	Category:												
	Office of Constituent and Grievances Services Coordinator/Officer Signature:													



		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>			<b>Form: 7101R-A</b>		
<b>INMATE STATEMENT FORM</b>			<b>Eff.: 9/14/18</b>		
			<b>Ref.: Dir. 3376R-A</b>		
Inmate's Name: <u>Mirzo Hadzanov</u>		Book & Case #: <u>1411 802 829</u>		NYSID #:	
Facility: <u>NIC</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>05/05/21</u>		Date Submitted: <u>05/05/21</u>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
Grievance: <u>On 04/14/21, I submitted an appeal to the "CIRC". I didn't get any response. I exhausted administrative remedies.</u>					
Action Requested by Inmate: _____					
<b>Please read below and check the correct box:</b>					
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Inmate's Signature: 		Date of Signature: <u>05/05/21</u>			
<b>FOR DOC OFFICE USE ONLY</b>					
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>					
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>					
TIME STAMP		Grievance Reference #		Category:	
		Office of Constituent and Grievances Services Coordinator/Officer Signature:			



		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>															
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b>				Form: 7101R-A Rev: 9/14/18 Ref: Dir. 3376R-A													
<b>INMATE STATEMENT FORM</b>																	
Inmate's Name: <i>Mirzo Hadzhanov</i>		Book & Case #: <i>1411 802 803</i>		NYSID #:													
Facility: <i>N/C</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/14/21</i>		Date Submitted: <i>04/14/21</i>													
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>																	
Grievance: <i>On 04/05/21, I submitted an appeal to the warden of the N/C facility. I didn't get a response. I'm appealing to the "CORC".</i>																	
Action Requested by Inmate:																	
<p><b>Please read below and check the correct box:</b></p> <table><tbody><tr><td>Do you agree to have your statement edited for clarification by OCGS staff?</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr><tr><td>Do you need the OCGS staff to write the grievance for you?</td><td>Yes <input checked="" type="checkbox"/></td><td>No <input type="checkbox"/></td></tr><tr><td>Have you filed this grievance with a court or other agency?</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr><tr><td>Did you require the assistance of an interpreter?</td><td>Yes <input checked="" type="checkbox"/></td><td>No <input type="checkbox"/></td></tr></tbody></table>						Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Do you need the OCGS staff to write the grievance for you?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Did you require the assistance of an interpreter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>															
Do you need the OCGS staff to write the grievance for you?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>															
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>															
Did you require the assistance of an interpreter?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>															
Inmate's Signature: <i>[Signature]</i>				Date of Signature: <i>04/14/21</i>													
<p align="center"><b>FOR DOC OFFICE USE ONLY</b></p> <p align="center"><b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b></p> <p align="center"><b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b></p>																	
TIME STAMP		Grievance Reference #		Category:													
		Office of Constituent and Grievances Services Coordinator/Officer Signature:															

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form: 7101R-A Eff: 01/14/16 Ref: Dir. 3376R-A
Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>
		NYSID #: _____
Facility: <u>N/C</u>	Housing Area: <u>6 South</u>	Date of Incident: <u>04/05/21</u>
		Date Submitted: <u>04/05/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 3/30/21, I submitted a grievance regarding I didn't get my special-diet food at the breakfast on 3/29/21. However, I didn't get response from the OCGS in timely manner.</u> <u>Therefore, I'm appealing to the Superintendent of the facility.</u>		
Action Requested by Inmate: <u>Fix my special-diet food delivery.</u>		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/05/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form: 7101R-A  
EN: 30X0020  
Ref: Dir. 3376R-A

Inmate's Name: <u>Mirzo Aladzhanov</u>	Book & Case #: <u>1411802800</u>	NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>2b</u>	Date of Incident: <u>3/29/21</u>
		Date Submitted: <u>3/30/21</u>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/29/21, I didn't get my liquid diet food at the breakfast. I'm losing weight

Action Requested by Inmate: Fix delivery of my liquid diet food

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature: <u>3/29/21</u>	Date of Signature: <u>[Signature]</u>
------------------------------------	---------------------------------------



**FOR DOC OFFICE USE ONLY**

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR



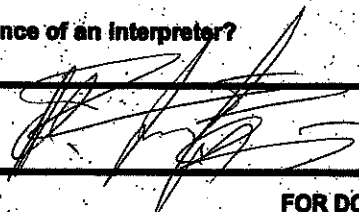
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	

ATTACHMENT B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		
Form: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A		
Inmate's Name:	Book & Case #:	NYSID #:
Mirzo Hadzhanov	1411 802 809	
Facility:	Housing Area:	Date of Incident:
NIC	6 South	05/05/21
		Date Submitted:
		05/05/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: On 04/14/21, I submitted an appeal to the CORC regarding my pre-processed food which was polluted. I didn't get a response. I exhausted my administrative remedies.		
Action Requested by Inmate:		
Please read below and check the correct box:		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Inmate's Signature:		Date of Signature:
<b>FOR DOC OFFICE USE ONLY</b>  <b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>  <b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
TIME STAMP	Grievance Reference #	Category:
	Office of Constituent and Grievances Services Coordinator/Officer Signature:	



ATTACHMENT-B-1

 <b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b> 		
<b>OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES</b> <b>INMATE STATEMENT FORM</b>		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: <u>Mirzo Hadzhanov</u>		Book & Case #: <u>1411 802 809</u>
Facility: <u>NIC</u>		NYSID #: _____
Housing Area: <u>6 South</u>	Date of Incident: <u>04/14/21</u>	Date Submitted: <u>04/14/21</u>
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: <u>On 04/04/21, I submitted an appeal to the warden of the NIC facility but didn't get any response. That appeal was regarding polluted food. I'm appealing to the COR.</u>		
Action Requested by Inmate: _____		
<p><b>Please read below and check the correct box:</b></p>		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: 		Date of Signature: <u>04/14/21</u>
<b>FOR DOC OFFICE USE ONLY</b>		
<b>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</b>		
<b>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</b>		
<b>TIME STAMP</b>	<b>Grievance Reference #</b>	<b>Category:</b>
	<b>Office of Constituent and Grievances Services Coordinator/Officer Signature:</b>	





# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form: 7101R-A  
Eff: 9/14/18  
Ref: Dir. 3376R-A

Inmate's Name: <i>Mirzo Hadzhanov</i>	Book & Case #: <i>1411 802 809</i>	NYSID #:
Facility: <i>NIC</i>	Housing Area: <i>6 South</i>	Date of Incident: <i>04/04/21</i>
		Date Submitted: <i>04/04/21</i>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *On 3/28/21 I submitted a grievance with the OCGS regarding that on 3/28/21 I got my Special-diet food polluted. Specifically, an apple sauce contained a spit pollutant. I didn't get a response. Inmates Peters Dominique and Matthew Karelitsky witnessed that. I'm appealing to the Superintendent of the Facility.*

Action Requested by Inmate: *Pls fix this issue.*

**Please read below and check the correct box:**

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐

No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐

No ☒

Have you filed this grievance with a court or other agency?

Yes ☐

No ☒

Did you require the assistance of an interpreter?

Yes ☐

No ☒

Inmate's Signature: *[Signature]*

Date of Signature: *04/04/21*

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature:

# CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

### INMATE STATEMENT FORM

 Form: 7101R  
 Eff: 2/25/20  
 Ref: Dir. 3376R-A


Inmate's Name: <u>Mirzo Aladzhanov</u>		Book & Case #: <u>1411802809</u>		NYSID #:
Facility: <u>NIC</u>	Housing Area: <u>20</u>	Date of Incident: <u>3/28/21</u>	Date Submitted: <u>3/28/21</u>	

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: On 3/28/21, during dinner-meal I received my liquid diet food. When I opened an apple sauce can, I saw a pollutant resembling spit, within the can. Multiple inmates witnessed that.

Action Requested by Inmate: To stop polluting food.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes ☐ No ☒

Do you need the OCGS staff to write the grievance for you?

Yes ☐ No ☒

Have you filed this grievance with a court or other agency?

Yes ☐ No ☒

Did you require the assistance of an interpreter?

Yes ☐ No ☒

Inmate's Signature: [Signature]

Date of Signature: 3/28/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

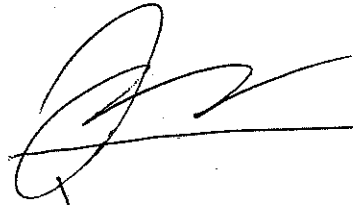
Grievance Reference #

Category:

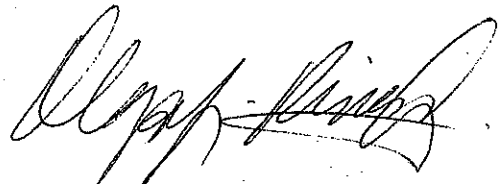
Office of Constituent and Grievances Services Coordinator/Officer Signature:

# Affidavit of Affirmation

I Park James, have witnessed  
that Atadzhanov Mirzo didn't  
get his puree-diet food on the fo-  
-llowing date: 05/02/2021

  
James Park  
Subscribed to and sworn/affirmed  
before me this 4<sup>th</sup> day of

May, 2021



OLGA L. RIVERA  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01R16383962  
BRONX COUNTY  
Commission Expires 12/03/2022

## Affidavit of Affirmation

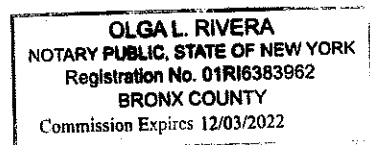
I, Matthew Russo, have witnessed that Atadzhanov Mirzo since he was transferred to a 6 South-housing unit on about 04/05/2021 didn't get, got partially or got an old food. The Mirzo Atadzhanov is on a puree-diet. So, from his admission to the housing-unit and up to this 02<sup>nd</sup> day of May, 2021, every single day he has issues with his puree-diet food. He either don't getting it, getting partially or getting one or two days old food. If it not but his food from a commissary shop, he would starving.

Matthew Russo

Subscribed to and sworn before me this 4<sup>th</sup>

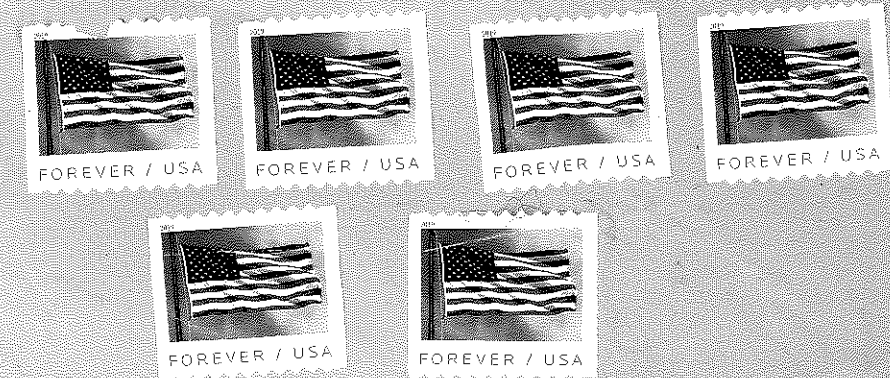
day of May 2021.

Olga L. Rivera





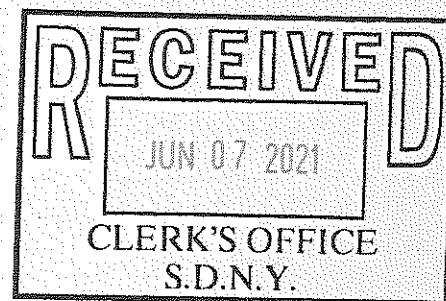
From: Mirzo Gladzhanov  
1411802809  
1500 Hazen St, East  
Elmhurst, NY 11370



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